

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/55055

FILING DATE

APPLICANT(S)

CLAIMS

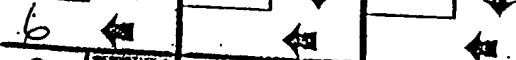
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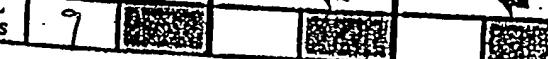
TOTAL IND. 3



TOTAL DEP.



TOTAL CLAIMS



| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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TOTAL DEP.



TOTAL CLAIMS



BEST AVAILABLE COPY